Comirnaty – COVID-19 mRNA Vaccine (Fosun Pharma/BioNTech)



Consent Form for the COVID-19 Vaccination Programme

For children receiving 3-microgram or 10-microgram dose of Comirnaty, including children aged between 6 months and 11 years old; and children who just turn 12 years with first dose given at 11 years

Before completing the consent form, please read the (1) Vaccination Fact Sheet and (2) FAQ on the following websites:

(1)

(2)

- (1) https://www.chp.gov.hk/files/pdf/covid19vaccinationfactsheet_comirnaty_eng.pdf
- (2) https://www.chp.gov.hk/files/pdf/faq_children_adolescents_eng.pdf

Please complete this form in BLOCK letters using black or blue pen and put a "✓" in appropriate boxes and *delete as appropriate.





Part 1. Personal Details of Vaccine Recipient (as indicated on identity document)

Personal Information					
School Name:	Class: Class No.:				
Name:,	name)				
(Chinese) (given name)					
Date of Birth:/(DD/MM/YYYY) Gender: Identity Document (Please put a "✓" in the box and fill in the document number as appropriate) If the vaccine recipient has Hong Kong Identity Card (HKIC), please fill in information of the HKIC If the vaccine recipient does not have HK Identity card, please fill in the Hong Kong Birth Certificate Registration No.; but if the vaccine recipient was not born in Hong Kong, please fill in the relevant identity document number					
Hong Kong Identity Card No.: Date of Issue:/(dd/mm/yyyy)	HKIC Symbol: \square A \square C \square R \square U				
Hong Kong Birth Certificate Registration No.:					
Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue:/ (dd/mm/yyyy)	R				
Hong Kong Birth Certificate Registration No.:HKSAR Document of Identity No. (Beginning with "D"): Date of Issue:/ (dd/mm/yyyy)	D				
Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until:/(dd/mm/yyyy)					
Non-Hong Kong Travel Documents No. (e.g. Foreign passports): HKSAR Visa / Reference No.:					
Certificate issued by the Births Registry for adopted children – No. of Entry:					
If the recipient is not the holder of the above documents, please enclose a COPY of other identity document.	Document number:				

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Part 2: Cons	ent to Adı	<u>ministration of</u>	COV	ID-19 Vaccin	<u>ation</u>		
☐ I consent to (a) the administration of COVID-19 Vaccination to my child / my ward * under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my child/ my ward's * clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose. Part 3: Particulars of COVID-19 Vaccination							
						Note: A consent form is required for each dose of vaccination	
A. Type, Dose and Dose Sequence of COVID-19 vaccination (Put a "\sqrt{"}" in the most appropriate box)							
Comirnaty – COVID-19 mRNA Vaccine (Fosun Pharma/BioNTech) – 3-microgram dose ¹ / 10-microgram dose ² * (delete as appropriate)							
First dos	e 🔲	Second dose		Third dose	Others, please	specify:	dose
¹ The 3 microgram dose of the Comirnaty vaccine is suitable for young children aged 6 months to under 5 years old.							
² The 10 microgram dose of the Comirnaty vaccine is suitable for children aged 5 to 11 years old. Subject to availability, a							
paediatric formulation of Comirnaty vaccine or a fractional dose of Comirnaty vaccine for adults will be provided.							
B. Comirnaty should not be given to persons with the following conditions							
If the vaccine recipient has the following condition(s), please \checkmark in the appropriate \square below.							
History of allergic reaction to previous dose of Comirnaty, or to the active							
substance or any of the other ingredients of this medicine ³ 3Please refer to the Vaccination Fact Sheet, including the Supplementary notes in the Vaccination Fact Sheet.							
³ Please refe	to the Vac	cination Fact She	eet, incl	luding the Supp	plementary notes in th	e Vaccination Fact S	Sheet.

Part 4: Declaration and Signature

To be completed by parent / guardian

I have read and I understood the information in the Vaccination Fact Sheet and Supplementary notes for the COVID-19 vaccine particularised in Part 3, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 138), and agree on behalf of my child / ward* to receive the COVID-19 vaccine particularised in Part 3. I have had the opportunity to ask questions and all of my questions were answered to my satisfaction. I also fully understood my obligation and liability under this consent form and the Statement(s) of Purpose of Collection of Personal Data.

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Additional information for vaccine recipients of a fractional dose of Comirnaty vaccine for adults: I understand that the use of fractional doses of Comirnaty – mRNA Vaccine on children aged five to 11 years old is not listed in the approved package insert of the Comirnaty authorized under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K). This is an off-label use allowed in the Government programme under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap.599K), having regard to the advice from panel(s) / committee(s) of experts appointed by the Government upon review of the current and anticipated epidemic situation, as well as the relevant efficacy and safety data published. The person who prescribes, dispenses or is responsible for the administering of the vaccine in fractional dose to my child / ward* acts in accordance with the Government's direction in the Government programme.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination to my child / my ward * under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my child / my ward's * clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

I declare the information provided in this form is correct.

I agree to provide my child/my ward's* personal data in this form for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I understand that the Government may contact me to verify the information and the arrangement of the vaccination.

For Smart Identity Card holder: I agree to authorise the Healthcare Providers / public officers to read my child / my ward's* personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] saved in the chip embodied in my/ my child / my ward's* Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".

This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

	Signature of Parent / Guardian*:	
	Name of Parent / Guardian* (in English):	
	Relationship:	
_	HKID/ Other Identity Document Document Type and Document No. of Parent/ Guardian*:	
	Contact Telephone No.:	
	Date:	

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Statement of Purpose of Collection of Personal Data

The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive

vaccination.

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:

(a) checking with relevant government departments and organisations on the status of receiving COVID-19

vaccine;

(b) informing relevant government bureaux or departments and organisations for arranging vaccination and follow

up after the vaccination;

(c) for creation, processing and maintenance of an eHealth (Subsidies) account, and the administration and

monitoring of the COVID-19 vaccination programme, including but not limited to a verification procedure by

electronic means with the data kept by the Immigration Department;

(d) transferring to the Department of Health and relevant organisations collaborated with the Government

(including the University of Hong Kong) for continuous monitoring of the safety and clinical events associated

with COVID-19 Vaccination under the COVID-19 Vaccination Programme;

(e) for statistical and research purposes;

(f) preventing, protecting against, delaying or otherwise controlling the incidence or transmission of the COVID-

19 disease, including contact tracing; and

(g) any other legitimate purposes as may be required, authorised or permitted by law.

Classes of Transferees

2. The personal data you provided will be transferred to the Government and may also be disclosed by the Government

to its agents, other organisations, and third parties for the purposes stated in paragraph 1 above, if required.

Access to Personal Data

3. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle

6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee

for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the request for access and correction, should be

addressed to:

Executive Officer (Programme Management and Vaccination Division)

Address: Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon

Telephone No.: 2125 2045

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